

22 had some diseases of the kind, 19 of them suffering from vesico-vaginal fistula. Prolapsus of the vesico-urethral *mucosa* occurs exceedingly rarely. Dr. Patron who met a case of the kind (in a girl of 14) in 1857, could collect only 8 similar cases in the preceding literature, of which 7 were referring to children, and only 1 concerned a woman of 52. Later on, Weinlechner reported the case of a baby of nine months [and Oliver that of a girl of 16 months, Beatty that of 2 years, and Thompson that of a woman, aged 40.—*Reporter*]. According to Dr Pershin, his case stands quite isolated as far as its etiology is concerned. Of all his predecessors' cases, only one was of an acute variety; it was de Haen's case of a woman who had fallen from a considerable height and contracted acute prolapsus of the rectum, vagina and bladder to die from peritonitis shortly afterwards. In the remaining cases recorded, the affection was said to have developed (mostly in weak, emaciated, ill subjects) but in a gradual or chronic way.—*Dnevnik Kazanskaho Obshtchestva Vrachëi*, (Kazan, Russia), No. 9, 1888.

II. Case of Fistulorrhaphy for Utero-Vesical Fistula.

By DR. SOPHIA V. FILIMONOVA (St. Petersburg).—An undersized rachitic woman, æt. 35, complained of an incessant flow of urine from her vagina in sitting or recumbent posture, which symptoms had appeared immediately after her twelfth labor, seven months previously. The external os was found to be triangular, admitting a finger, its anterior lip everted and lacerated, the posterior one cicatricially shrunken and the cervical canal was dilated. On its anterior wall, about 1 cm. above the lower edge of the anterior lip, there was seen an oval opening, admitting a middle-sized male catheter, its edges being firm and cicatricially contracted. The catheter introduced into the opening passed into the bladder, in an oblique direction, upward and rightward. Fistulorrhaphy was performed as follows: Having placed the woman in the knee-and-elbow posture, Professor Sebedeff introduced into the vagina a Neugebauer's speculum, dragged the cervix (by means of two bullet forceps) downward, close to the introitus, inserted a probe into the fistula, split up the cervix along its right side,

freshened the fistula, which procedure showed that the latter had a funnel-shaped configuration, the uterine opening being considerably narrower than the vesical one, applied four sublimated silk sutures, washed out the parts with a 5 per cent carbolic solution, powdered with iodoform, and inserted a gauze plug. For the first three days there were slight paroxysmal pain about the womb, with occasional hæmaturia and oozing of blood from the vagina. On the ninth day the sutures were removed, the lesion being found healed *per primam*. On the eighteenth day, trachelorrhaphy was performed to close both the incision which had been made during fistulorrhaphy and the lacerations contracted during several labors. Ten days after trachelorrhaphy (the twenty-eighth after fistulorrhaphy) the patient left the hospital well and sound in all regards. Dr. Filimonova draws attention to the rarity of utero-vesical fistula, and the still greater rarity of cases closed by operation. She was able to find in international literature not more than fourteen cases of the lesion where fistulorrhaphy had been performed (Jobert de Lamballe [1849], Simon, Spiegelberg, Kaltenbach, Lossen, Mueller, Martin, Winckel [5 cases], Wilms). Another interesting feature of her case is the fact that the fistula followed an early, quite regular delivery of a small-sized female infant in a regular (1st anterior) occipital presentation—utero-vesical fistulæ usually arising during protracted difficult labors, with irregular presentation of large-sized male foetuses.—*Ejenedelnaia Klinitcheskaja Gazeta*, No. 6, 1888.

III. Suprapubic Cystotomy for Stone in a Little Girl. By Dr. STANISLAV A. VOINS (Odessa, Russia). A small-sized, extremely anæmic and emaciated Jewish girl, æt. 8, was admitted with incessant agonizing vesical pain and considerably distended bladder. Owing to an abnormally low situation of the urethral orifice (close to the vaginal inlet), the exploration could be effected only with great difficulty, after the dilatation of the urethra by means of hooks. A large sized stone was detected, and five days later the suprapubic operation was performed. The rectal bag (improvised from two elastic condoms) with 118 grammes of fluid was used, the bladder being distended with 175